

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19130

State File No. ....

Registrar's No. 1252

Primary Registration District No. 6076

Registration District No. 1943

1. PLACE OF DEATH:  
(a) County. St. Louis  
(b) City or town. Baden Station  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Training School 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 19 yrs (Specify whether  
In this community 19 yrs years, months or days)

3. (a) PRINT FULL NAME Eddie Turner  
3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased ? ? 1905  
(Month) (Day) (Year)

8. AGE: Years 38 Months ? Days ? If less than one day — hr. — min.

9. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Records St. Louis School

(b) Address Baden Sta., St. Louis, Mo.

17. (a) — (b) Date thereof May 22 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation —

18. (a) Signature of funeral director —

(b) Address —

19. (a) 5-28-43 (b) J. M. Davis, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Baden Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis Training School  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1  
1942 to May 22, 1943;  
that I last saw him alive on May 22, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: 85  
Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Joseph A. Contino (M. D. or other) M.D.  
Address Baden Station, St. Louis, Mo. Date signed 5/27/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**